

ADDGS AGENCY SERVICE PROFILE
(for In-Home Respite and Group Day Respite Programs)

Service Name: _____ Service ID# _____

Agency Name: _____ Agency ID # _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name of Key Contact Person: _____ Telephone: _____

Title of Key Contact: _____

Date form completed: _____ / _____ / _____
Month Day Year

Where are services delivered? ☐ in home
☐ in a group setting

Please mark **all** service options provided by this service:

- | | |
|---|---|
| <input type="checkbox"/> Personal Care | <input type="checkbox"/> Dementia Assessment |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Assisted Transportation |
| <input type="checkbox"/> Chore | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Companionship/Friendly Visitor | <input type="checkbox"/> Information & Assistance |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Support Groups | <input type="checkbox"/> Overnight respite |
| <input type="checkbox"/> Group Day Care | <input type="checkbox"/> In Home Respite |
-

1. What is the maximum number of total clients your service can serve in a single day? _____

2. What is the maximum number of dementia clients your service can serve in a single day? _____

3. When is the service available? ☐ Daytime
Check all that apply. ☐ Evenings
☐ Weekends

4. How many hours is the service available?
Please enter the number of hours the service is available each day:

Mondays	_____ hrs	Fridays	_____ hrs
Tuesdays	_____ hrs	Saturdays	_____ hrs
Wednesdays	_____ hrs	Sundays	_____ hrs
Thursdays	_____ hrs		

5. Are the fees for the service set at a single rate for all clients or are the fees calculated on a sliding scale basis? ☐ Set fee for all clients
☐ Sliding scale fee
☐ No charge to clients

6. Are clients expected to pay some portion of the cost for the services? ☐ All clients are **required** to pay some portion.
☐ Clients are requested to make a **voluntary** donation.
☐ Clients are not requested to make any payments.

-
7. Is there a maximum limit to the demonstration dollars that can be used for a client family per year? ☐ Yes —————> Amount \$ _____
☐ No
8. Can the maximum demonstration dollar limit be waived on an individual basis? ☐ Yes
☐ No
☐ No Limit
9. Is there a maximum number of demonstration service hours a client family can use per month? ☐ Yes
☐ No
10. Can the maximum number of demonstration service hours be waived on an individual basis? ☐ Yes
☐ No
☐ No Limit
11. How many full time paid staff members does this service employ? _____
12. How many part time paid staff members does this service employ? _____
13. How many full time volunteers regularly assist with this service? _____
14. How many part time volunteers regularly assist with this service? _____
-

Additional Comments:

Please list any special or unique characteristics of your agency or service delivery models here.